Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003									107725/6				
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	ENTIT	Υ OI			THAN	
Ţ	OTAL CLAIMS		20			-	RATI	E F	EE ]	RAT		FEE	
F	DR .		NUMBER FILED		NUMBER EXTRA		BASIC			RBASIC		770.00	
TC	OTAL CHARGE	ABLE CLAIMS	20 —minus 20=		* 0		X\$ 9	_	0	1	<u> </u>		
INI	DEPENDENT C	LAIMS	ス - minus 3 =		* 65		X43:			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	$\dashv$		
Μl	JLTIPLE DEPEN	NDENT CLAIM P					A43		OF OF	X86	-		
* If the difference in column 1 is less than 1 is less than 2								=	OF	+290	=		
* If the difference in column 1 is less than zero, enter "0" in column 2									5.00	7 TOTA	L L		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								L ENTI	<b>TY</b> OF			THAN NTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	RATE	AD TIOI FE	NAL .	RATI	=	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OF	X\$18	i=		
A M E	Independent	*	Minus	***		=	X43=		OF	X86:	_		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+145=				_				
TOT.									OF	` L			
	(Column 1) (Column 2) (Column 3)							E	OF	ADDIT. F	EEL		
ENDMENT B		CLAIMS		HIGHE	ST			ADI	DI-		1	ADDI-	
		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	RATE		NAL	RATE		TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18	=		
AME	Independent	*	Minus	***		=	X43=		OR	X86=	.		
_	FIRST PRESE	ILTIPLE DEF	PLE DEPENDENT CLAIM			+145=				十			
								ıL	OR	TOT			
								Ē	OR	ADDIT. F			
_		(Column 1) CLAIMS		(Colum HIGHE		(Column 3)					<u> </u>		
ENDMENIC	•	REMAINING AFTER AMENDMENT	:	NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA	RATE	ADD TION FEI	AL	RATE		ADDI- TONAL FEE	
	Total	*	Minus	**		= .	X\$ 9=		OR	X\$18:	<b>=</b>	-	
	Independent		Minus	***		=	X43=	1	_	X86=			
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM			+	OR	-	╅		
* #	the entry in colun	nn 1 is less than the	entry in colu	mn 2 write "	0" in coli	umn 3.	+145=		OR	+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR ADDIT. FEE													
1	he "Highest Num	ber Previously Paid	For" (Total or	Independen	t) is the	highest number fo	ound in the a	ppropriat	e box in co	olumn 1.			

FORM **PTO-875** (Rev. 10/03)